



CONTINUED EDUCATION PROGRAM PLAN ANNUAL PLAN/REIMBURSEMENT

Department of Career and Technical Education
SFN 16933 (11/03)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
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ANNUAL PLAN

School/Institution				City, State, Zip Code			
Dates of Instruction: From _____ To _____						Project/Program Number	
SERVICE AREA (Check only one) <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Agriculture Education Business and Office Technology Family and Consumer Sciences Health Careers</div><div style="width: 45%;">Information Technology Marketing Education Technology Education Trade, Industry and Technical Education</div></div>							
Course Title	Estimated Enrollment	Number of Classroom Hours	Number of Sections	Hourly Salary	Total Salary	CTE Use	
						Rate	Reimbursement
<p>This signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws. The authorized official of applicant organization verifies that the applicant has the legal authority to apply for and receive funding for the proposed activity.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 33%; border-bottom: 1px solid black;"></div><div style="width: 33%; border-bottom: 1px solid black;"></div><div style="width: 33%; border-bottom: 1px solid black;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Authorized Signature</div><div>Title</div><div>Date</div></div>							
CTE Use							
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Approved</div><div style="width: 30%;">Disapproved</div><div style="width: 30%; border-bottom: 1px solid black;"></div><div style="width: 10%;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div></div><div>State Supervisor</div><div>Date</div></div>							

REIMBURSEMENT DATA

Course Title	Total Enrollment	Number of Classroom Hours	Number of Sections	Hourly Salary	Total Salary	CTE Use	
						Rate	Reimbursement
TOTAL							
<p>I certify this reimbursement data is factual, complete and that the courses described meet State Board for Career and Technical Education minimum requirements for part-time adult education. Information provided can be substantiated locally for auditing purposes.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 33%; border-bottom: 1px solid black;"></div><div style="width: 33%; border-bottom: 1px solid black;"></div><div style="width: 33%; border-bottom: 1px solid black;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Authorized Signature</div><div>Title</div><div>Date</div></div>							

Retain a copy for your records.